KAMALA D. HARRIS
Attorney General of California
GLORIA L. CASTRO
Supervising Deputy Attorney General
TRINA L. SAUNDERS
Deputy Attorney General
State Bar No. 207764
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 620-2193
Facsimile: (213) 897-9395
Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **CONRAD ROBERT MURRAY, M.D.** P.O. Box 72216 Las Vegas, NV 89170 Physician's and Surgeon's Certificate No. G71169 Respondent.	Case No. 06-2009-200256 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about April 22, 1991, the Medical Board of California issued Physician's and Surgeon's Certificate Number G71169 to Conrad Robert Murray, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein. On January 11, 2011, following a preliminary hearing in Los Angeles Superior Court Case Number SA073164, regarding involuntary manslaughter charges filed against Respondent relating to the medical care of patient M.J., the court bound Respondent over for trial. As a condition of bail, Respondent was prohibited from practicing medicine during the

pendency of the criminal proceedings. On February 28, 2011, Respondent's Physician's and Surgeon's Certificate expired. On November 7, 2011, Respondent was found guilty by jury verdict of involuntary manslaughter and incarcerated. On December 29, 2011, the Board issued an Automatic Suspension Order of Respondent's Physician's and Surgeon's Certificate, pursuant to Business and Professions Code section 2236.1. The certificate remains suspended and expired.

JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel[1] as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the division, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the division.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the division.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the division.

"(4) Be publicly reprimanded by the division.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the division or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education

[1] Business and Professions Code section 2002, effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Bus. & Prof. Code, § 2000 *et seq.*) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

activities, and cost reimbursement associated therewith that are agreed to with the division and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

5. Section 2234 of the Code states:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, of or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for the negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate."

6. Section 2236.1 of the Code states:

"(a) A physician and surgeon's certificate shall be suspended automatically during any time that the holder of the certificate is incarcerated after conviction of a felony, regardless of whether the conviction has been appealed. The Division of Medical Quality shall, immediately upon receipt of the certified copy of the record of conviction, determine whether the certificate of the physician and surgeon has been automatically suspended by virtue of his or her incarceration, and if so, the duration of that suspension. The division shall notify the physician and surgeon of the license suspension and of his or her right to elect to have the issue of penalty heard as provided in this section.

"(b) Upon receipt of the certified copy of the record of conviction, if after a hearing it is determined there from that the felony of which the licensee was convicted was substantially related to the qualifications, functions, or duties of a physician and surgeon, the Division of Medical Quality shall suspend the license until the time for appeal has elapsed, if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal or has otherwise become final, and until further order of the division. The issue of substantial relationship shall be heard by and administrative law judge from the Medical Quality Panel sitting alone or with a panel of the division, in the discretion of the division.

"(c) Notwithstanding subdivision (b), a conviction of any crime referred to in Section 2237, or a conviction of Section 187, 261, 262 or 288 of the Penal Code, shall be conclusively presumed to be substantially related to the qualifications, functions, or duties of a physician and surgeon and no hearing shall be held on this issue. Upon its own motion or for good cause shown, the division may decline to impose or may set aside the suspension when it appears to be in the interest of justice to do so, with due regard to maintaining the integrity of and confidence in the medical profession.

"(d) (1) Discipline may be ordered in accordance with Section 2227, or the Division of Licensing may order the denial of the license when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code

///

allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

"(2) The issue of penalty shall be heard by an administrative law judge from the Medical Quality Panel sitting alone or with a panel of the division, in the discretion of the division. The hearing shall not be had until the judgment of conviction has become final or, irrespective of a subsequent order under Section 1203.4 of the Penal Code, an order granting probation has been made suspending the imposition of sentence; except that a licensee may, at his or her option, elect to have the issue of penalty decided before those time periods have elapsed. Where the licensee so elects, the issue of penalty shall be heard in the manner described in this section at the hearing to determine whether the conviction was substantially related to the qualifications, functions, or duties of a physician and surgeon. If the conviction of a licensee who has made this election is overturned on appeal, any discipline ordered pursuant to this section shall automatically cease.

Nothing in this subdivision shall prohibit the division from pursuing disciplinary action based on any cause other than the overturned conviction.

"(e) The record of the proceedings resulting in the conviction, including a transcript of the testimony therein, may be received in evidence.

"(f) The other provisions of this article setting forth a procedure for the suspension or revocation of a physician and surgeon's certificate shall not apply to proceedings conducted pursuant to this section."

7. Section 1360 of Title 16 of the California Code of Regulations states:

"For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medial Practice Act if to a substantial degree it evidences present or future potential unfitness of a person holding a license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate directly or indirectly or

///

assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act."

8. Section 490 of the Code states:

"(a) In addition to any other action that a board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

"(b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.

"(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code.

"(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos* v. *Department of Real Estate* (2006) 142 Cal.App.4th 554, and that the holding in that case has placed a significant number of statutes and regulations in question, resulting in potential harm to the consumers of California from licensees who have been convicted of crimes. Therefore, the Legislature finds and declares that this section establishes an independent basis for a board to impose discipline upon a licensee, and that the amendments to this section made by Senate Bill 797 of the 2007 -08 Regular Session do not constitute a change to, but rather are declaratory of, existing law."

9. Section 493 of the Code states:

"Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a

license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of the fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

"As used in this section, 'license' includes 'certificate,' 'permit,' 'authority,' and 'registration."

10. Section 118, subdivision (b), of the Code states, in relevant part, as follows:

"The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department [...] shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground."

11. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Crime)

12. Respondent is subject to disciplinary action under Business and Professions Code section 2236.1 based on his conviction of a crime which is substantially related to the practice of medicine. The circumstances are as follows:

13. On February 8, 2010, in a criminal proceeding entitled, *People of the State of California v. Conrad Murray*, Los Angeles Superior Court Case Number SA073164, Respondent was charged with the involuntary manslaughter of his patient M.J. Respondent pled not guilty.

14. On November 7, 2011, following a jury trial, Conrad Murray, M.D., was found guilty of one count of involuntary manslaughter. Respondent's acts of gross negligence in his care and

treatment of patient M.J., caused the patient's death on June 25, 2009, in violation of Penal Code section 192, subdivision (b).[2] Following the reading of the verdict, Respondent was denied bail and remanded into custody.

15. On November 29, 2011, the court sentenced Respondent to the upper term of four (4) years in prison, to be served in the Los Angeles County Jail, pursuant to the provisions of Penal Code section 1170[3]. The circumstances with respect to the conviction are as follows:

16. Respondent had an intermittent physician-patient relationship with M.J. from 2006 to April 2009.

17. From April, 2009, through June 25, 2009, the date of patient M.J.'s death, Respondent acted as M.J.'s personal physician. During that time, he provided medical treatment to the patient six days per week and slept at the patient's home. Respondent's principle function was to assist the patient with his inability to sleep. He did this by treating patient M.J. nightly, with a combination of propofol[4] and benzodiazepines.[5] Respondent alleged that during the two days prior to patient M.J.'s death, he attempted to wean the patient off of propofol by withholding propofol and providing higher doses of benzodiazepines.

---

[2] Penal Code section 192, subdivision (b), defines involuntary manslaughter as follows: "Manslaughter is the unlawful killing of a human being without malice. It is of three kinds: [...] (b) Involuntary — in the commission of an unlawful act, not amounting to felony; or in the commission of a lawful act which might produce death, in an unlawful manner, or without due caution and circumspection. This subdivision shall not apply to acts committed in the driving of a vehicle."

[3] Penal Code section 1170 (b), states in pertinent part that, "when a judgment of imprisonment is to be imposed and the statute specifies three possible terms, the court shall order imposition of the middle term, unless there are circumstances in aggravation or mitigation of the crime. [...] The court shall set forth on the record the facts and reasons for imposing the upper or lower term."

[4] Propofol is a short acting intravenously administered hypnotic agent. Its uses include the induction and maintenance of general anesthesia, sedation for mechanically ventilated adults, and procedural sedation.

[5] Benzodiazepines are a class of drugs that share a similar molecular structure and act as tranquilizers. They are commonly used in the treatment of anxiety disorders and insomnia.

18. Respondent did not record any information related to the health of his patient, or prepare any medical records related to any of the care and treatment he provided to patient M.J. between April 2009, and the time of the patient's untimely demise on June 25, 2009.

19. On June 25, 2009, Respondent treated patient M.J. at his home. Respondent was the only health care professional present at the location. In the less than eleven hours that spanned from shortly after 1:00 a.m. to approximately 12:00 p.m., Respondent administered several drugs to M.J. to assist him with sleep. The exact times of administration and amounts of drugs given at any time are unknown, as Respondent did not prepare any medical records, including anesthesia records regarding the care and treatment rendered to M.J.

20. On June 25, 2009, Respondent first saw patient M.J. shortly after 1:00 a.m., and gave him diazepam[6] (Valium) orally. Thereafter, he infused lorazepam[7] (Ativan) intravenously, at an unknown rate. Approximately one hour later, patient M.J. was reported to have still been awake. At that time, Respondent administered midazolam[8] (Versed) intravenously to the patient. Patient M.J. experienced intermittent sleep for approximately one and one half to two hours after the administration of the midazolam. Thereafter, Respondent infused additional doses of lorazepam. Approximately two and one half hours after the infusion of additional lorazepam, Respondent infused additional midazolam to M.J. Less than three hours after the administration of the second dose of midazolam, Respondent intravenously administered an unknown quantity of propofol (Diprivan) mixed with lidocaine[9] to M.J.

21. Patient M.J. fell asleep as a result of the administration of the cocktail of drugs described above. While M.J. was asleep, Respondent left the room for an unknown and

---

[6] Diazepam is a benzodiazepine. It is commonly used to treat anxiety, insomnia and nervousness. It also can help treat alcohol withdrawal, relax muscles, and treat certain types of seizures.

[7] Lorazepam is a high potency short to intermediate acting benzodiazepine. It is used for the short-term treatment of anxiety, insomnia, acute seizures including status epilepticus and sedation of hospitalized patients, as well as sedation of aggressive patients.

[8] Midazolam is a short acting benzodiazepine. It is used for treatment of acute seizures, moderate to severe insomnia, and for inducing sedation and amnesia before medical procedures.

[9] Lidocaine is a local anesthetic.

undocumented amount of time. When he returned, patient M.J. was not breathing. After the passing of approximately 20 minutes, a call was placed from the residence to 911, and assistance was requested to resuscitate the patient. Paramedics arrived on the scene, moved patient M.J. to a hard surface to perform CPR, and exhausted all life saving measures at their disposal. The patient remained unresponsive, and lifeless. Paramedics were instructed by the UCLA Medical Center base station to pronounce the time of death. Respondent objected. At Respondent's instruction, patient M.J. was not pronounced at the scene, and was instead transported to UCLA Medical Center.

22. Patient M.J. was pronounced dead at 2:26 p.m. on June 25, 2009, at UCLA Medical Center by the Emergency Room physician in charge of his care.

23. The Los Angeles County Coroner's Office conducted an autopsy. The final autopsy report, dated August 19, 2009, confirms the cause of death as "Acute Propofol Intoxication." A contributing factor in the death was benzodiazepine effect. The manner of death was classified as a homicide based on the following: (1) the circumstances indicated that the propofol and benzodiazepines were administered by another; (2) the propofol was administered in a non-hospital setting without any appropriate medical indication; and (3) the standard of care for administration of propofol was not met. The autopsy report also indicated that recommended equipment for patient monitoring, precision dosing, and resuscitation were not present in patient M.J.'s home.

24. Respondent's acts and omissions in treating patient M.J. were so grossly negligent, that they rose to the level of criminal homicide. Respondent administered a lethal combination and amount of drugs to patient M.J. He failed to continuously monitor the patient's vital signs, appropriately maintain his airway, or ensure the presence of life saving equipment at the bedside. There was no continuous oxygen delivery system or cardiac monitoring in place. Respondent did not continuously monitor the pulse oximetry and blood pressure of patient M.J. No continuous intravenous access line was established for the patient. There was no crash cart, appropriate emergency resuscitation drugs, defibrillator, or medical personnel present in the patient's room, other than Respondent.

25. Respondent's conviction as set forth in paragraphs 12 through 24 is substantially related to the practice of medicine within the meaning of section 2236.1 of the Code. His acts and omissions in the treatment and care of patient M.J. caused the homicide of the patient. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence-Inappropriate Administration of Dangerous Drugs)

26. Respondent is subject to disciplinary action under section 2334(b) of the Code in that Respondent improperly administered dangerous drugs, including propofol, to patient M.J.

Excessive Administration of Dangerous Drugs/Sedatives

27. Propofol is not indicated for the induction of sleep and/or to treat insomnia. It is strictly indicated for moderate or deep sedation in a monitored hospital setting, or an accredited outpatient facility, that meets the requirements set forth in Health and Safety Code sections 1248.1 and 1248.15. The facility must have appropriate patient monitoring equipment and qualified staff present. Propofol is also indicated for the induction of anesthesia and maintenance of anesthesia prior to operative procedures, and for sedation of intubated patients in an intensive care setting.

28. Respondent used dangerous drugs to sedate patient M.J., at his home, for the purpose of inducing sleep. On more than forty occasions between April 2009, and June 25, 2009, patient M.J. was sedated with a combination of benzodiazepines and propofol. Propofol is not authorized for use in a home setting. On June 25, 2009, as a result of being heavily sedated, M.J. suffered from respiratory depression and died. His death is attributed to acute propofol (Diprivan) intoxication. A contributing factor in his death was benzodiazepine effect.

29. The amount of sedatives Respondent administered to patient M.J. exceeded minimal sedation.

30. Respondent's administration of sedatives and failure to manage the resulting sedation to patient M.J. was reckless and constitutes an extreme departure from the standard of care.

///

///

Inadequate Monitoring

31. When a patient is being administered propofol the standard of care requires that the appropriate equipment be on hand for paticnt monitoring and for potential emergencies. Propofol is only to be administered in an in-patient setting. The patient is required to have a continuous oxygen delivery system, continuous cardiac monitoring, a continuous intravenous access line established, continuous pulse oximetry monitoring, and continuous blood pressure monitoring, all with audible alarm alert systems. In addition, the following operable equipment is necessary in the room and must be rcady for use: oxygen, suction, oral and nasopharyngeal airways, a crash cart with backboard, appropriate emergency resuscitation drugs, and a defibrillator. In addition, it is required that the patient be constantly monitored by appropriate medical personnel, and not be left unattended for any period of time.

32. There was no appropriate monitoring equipment in patient M.J.'s bedroom. Respondent did not have a pulse oximeter with an automatic alarm to measure whether the patient was receiving proper oxygenation and that would alert medical personnel to significant drops in the patient's oxygen saturation. Respondent did not have an automatic blood pressure cuff which would provide a constant read-out of the patient's blood pressure. Most importantly, Respondent did not have a "crash cart." He did not maintain equipment to start an intravenous line or have emergency life-saving medications at the patient's bed side.

33. Respondent's failure to secure appropriate equipment for patient monitoring and his failure to maintain emergency equipment and medications, is an extreme departure from the standard of care. Furthermore, no competent physician or surgeon would sedate a patient without ensuring that the appropriate patient monitoring and emergency equipment is readily available.

Failure to Maintain Medical Records

34. When a patient is administercd medications for sedation and/or anesthesia the standard of care requires that the physician maintain medical records detailing the care rendered to the patient. Documentation of sedation and anesthesia is required for the provision of good medical care and quality assurance. The medical chart should include a list of the medications

given, the patient's vital signs, the patient's response to the medication given, the level of sedation attained and any complications that occurred.

35. Respondent failed to maintain any records related to the care and treatment given to patient M.J., including sedation and anesthesia records.

36. Respondent's treatment of patient M.J. as set forth above in paragraphs 17 through 35 includes the following acts and/or omissions, each of which constitute a separate and distinct extreme departure from the standard of practice:

A. Respondent used propofol in a home setting to induce routine sleep in patient M.J.

B. Respondent failed to appropriately monitor patient M.J. He abandoned his patient by leaving patient M.J. unattended while he was under the influence of heavy sedatives. In addition, he administered propofol and other dangerous drugs to patient M.J., in a home setting, without appropriate medical equipment and staff to monitor the maintenance of patient M.J.'s hemodynamics, and did not continuously monitor the patient's vital signs.

C. Respondent unreasonably delayed calling 911, to obtain the assistance of emergency medical services for patient M.J.

D. Respondent failed to maintain any sedation or anesthesia records.

37. Respondent's acts and/or omissions as set forth in paragraphs 14 through 36, inclusive, above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234 subdivision (b) of the Code. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts-Inappropriate Administration of Dangerous Drugs)

38. Respondent is subject to disciplinary action under section 2234(d) of the Code in that each day Respondent administered propofol and benzodiazepines to patient M.J., between April 2009, and July 25, 2009, constitutes a separate act of negligence.

39. Respondent administered a combination of propofol and benzodiazepines to M.J. on more than forty separate occasions between April, 2009, and July 25, 2009. It is impossible to

provide an exact number of times, because Respondent failed to keep any medical records detailing his administration of these dangerous drugs to patient M.J.

40. The allegations of the Second Cause for Discipline are incorporated herein by reference as if fully set forth here.

41. Respondent's acts and/or omissions as set forth in paragraphs 14 through 40, inclusive, above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts pursuant to section 2234, subdivision (c) of the Code. Therefore cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE

(Incompetence- Inappropriate Administration of Dangerous Drugs)

42. For the reasons set forth above in the First, Second and Third Causes for Discipline Respondent is subject to discipline for incompetence pursuant to Business and Professions Code section 2234, subdivision (d).

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

43. Respondent is subject to disciplinary action under section 2266 of the Code in that Respondent failed to maintain any records of his care and treatment of patient M.J. There was no history and physical taken of the patient. In addition, there is no way to determine what medications and dosages of medications Respondent administered, the patient's response to medications, or any complications the patient may have had to the medications during the months that he was treated. The circumstances are as follows:

44. The allegations set forth in paragraphs 17-21, 24, 25, 28-32, 34, 38, and 39 are incorporated by reference as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

45. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges as follows:

///

///

46. On or about March 11, 2011, in Medical Board of California Case No. 16-2010-211878, a prior disciplinary action, a public letter of reprimand was issued against Respondent's medical license.

A. The Nevada Board found that Respondent provided inaccurate and incomplete statements on his 2007 and 2009 applications for licensure renewal, as Respondent failed to notify the Nevada Board that he was in arrears and not in compliance with a State of California court ordered child support obligation.

B. The actions of Respondent violated California Business and Professions Code sections 141(a), 2234 and 2305.

C. Pursuant to the authority of the California Business and Professions Code section 2233, Respondent was issued a public letter of reprimand by the Medical Board of California.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G71169, issued to Conrad Robert Murray, M.D.;

2. Revoking, suspending or denying approval of Conrad Robert Murray, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering Conrad Robert Murray, M.D. to pay the Medical Board of California the costs of probation monitoring if the Respondent is placed on probation;

4. Taking such other and further action as deemed necessary and proper.

DATED: June 27, 2012

LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

LA2012602155
60806388.doc